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PATENT FEE TRANSMIT
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22852 7590 10/31/2005

FINNEGAN, HENDERSON, FARABOW, GARRETT &
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02/01/2006 MBYENE2 00000186 10625518

01 FF:1504 300.00 OP
02 FC:APPN NO. FILING DATE 01/01/2003 FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO.
10/625,518 07/24/2003 John Ernest Oretti 08505.0017-00000 9035

TITLE OF INVENTION: POWER TOOL

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|----------------|-----------------|------------------|------------|
| nonprovisional | YES | \$700 | \$300 | \$1000 | 01/31/2006 |
| EXAMINER | ART UNIT | CLASS-SUBCLASS | | | |
| SMITH, SCOTT A | 3721 | 173-029000 | | | |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Finnegan, Henderson,
2 Farabow, Garrett &
3 Dunner LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE
Bayly Design Associates PTY. LTD.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)
9 Ashburn Place, Blackburn, Victoria, Australia 3130

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies _____

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 A check in the amount of the fee(s) is enclosed.
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 06-0916 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)
 a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.
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Authorized Signature _____ Date _____ 1/30/06
Typed or printed name Eric P. Raciti Registration No. 41,475

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